



2017-18 School Year Schedule Change Request Form

- Class changes will **ONLY** be made for the reasons listed below
- Teacher and parent/guardian signatures are required to drop and/or add a class
- Teacher changes are not allowed

**Completed form is due to the Counseling Office
NO LATER than Monday, May 15th, 2017**

Reason for Change

Drop

Add
(please list 1st and 2nd choice)

- Senior needing a graduation requirement not listed _____
- Missing a grade level required course _____
- Failing a course _____
- Other: _____

X _____
Teacher Signature

All Classes Are Impacted

Student Name: _____ Student ID Number: _____ Grade: _____
(Please PRINT)

X _____
Parent/Guardian Signature

Date

FOR COUNSELING OFFICE USE ONLY

Class Change Request: **GRANTED** **NOT GRANTED***



*We are unable to complete your request for classes next year due to:

- Class is full _____
- Course requested conflicts with your schedule _____
- Class is not offered _____
- Other _____

Thank you! Counseling Crew

Mrs. Hunter
Mr. Spratling

Mrs. Woods
Mrs. Hanson